

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/20/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ST PAUL'S HOME

**1021 WEST E STREET
BELLEVILLE, IL 62220**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>Complaint #1643197/IL86145</p> <p>Statement of Licensure Violation:</p> <p>300.610a) 300.1210b) 300.1210d)6 300.3240a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies shall be followed in operating the facility.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p>	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

07/08/16

Illinois Department of Public Health

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NAME OF PROVIDER OR SUPPLIER ST PAUL'S HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1021 WEST E STREET BELLEVILLE, IL 62220		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	<p>Continued From page 1</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to provide adequate supervision to prevent a fall for 1 of 3 residents (R3) reviewed for falls with injuries in the sample of 13. This failure resulted in R3 falling and sustaining a left hip fracture, resulting in an Open Reduction Internal Fixation (ORIF) of the left femur.</p> <p>Findings include:</p> <p>R3's Minimum Data Set, dated 5/26/16, documents R3 requires extensive assist of one staff for transfers, ambulation, dressing, hygiene and bathing and has moderately impaired daily decision making skills. It also documents R3 is frequently incontinent of both bowel and bladder.</p> <p>R3's Admission Fall Risk Evaluation, dated 5/14/16, documents R3 has intermittent confusion, had a history of 1 to 2 falls prior to admission and a fall risk score of 11, which represents High Fall Risk.</p> <p>R3's Preliminary Care of Plan, dated 5/14/16, documents, "At Risk for Falls based on fall risk screening related to age, recent admission, and history of falls, balance, and mental status. Goal: Manage risk factors in order to eliminate or minimize risk of falling and injury. Approaches (checked): Provide orientation/re-orientation to</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>new home as needed. Keep room free from clutter and well lighted. Remind to use call light. Evaluate fall risk weekly x 4 weeks. Monitor response to medications, observing balance/gait disturbance. Medication management for depression/anxiety/agitation with specific behaviors monitored and evaluated. Assist in meeting toileting needs."</p> <p>R3's Final Incident Report Form - IDPH Notification, dated 5/27/16, documents, "Resident found on the floor complaining of hip pain. Resident sent to ER for evaluation. Final: Admitted to hospital with hip fracture. (E12, Certified Nursing Aide/CNA) has been terminated from (facility) because she failed to provide appropriate care to (R3) according to standards of practice and facility policies and procedures."</p> <p>On 6/20/16 at 9:23 AM, E5(Licensed Practical Nurse/LPN), stated she responded to a call from staff that R3 was on the floor. E5 stated she found R3 on the floor in front of the bathroom door with her wheelchair next to her, yelling and hollering. E5 stated R3 did not have any alarm on her. E5 stated she cannot remember any individualized fall interventions for R3 except that R3 was confused and needed more frequent monitoring and checking. E5 stated she assumed the staff would toilet R3 when she needed to be toileted and not leave her in her room and without toileting her.</p> <p>On 6/20/16 at 10:19 AM, E6(CNA), stated she was assigned to take care of R3 on 5/27/16 and normally she would check R3 every 2 hours, and (E6) would toilet R3 before and after activities. E6 stated R3 is pretty good with telling staff she needed to go to the bathroom. E6 stated when R3 returned from activities that morning, E5 told</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>her or E12 that R3 stated she needed to go to the bathroom. E6 stated she was taking care of another resident at that time so E12 took care of R3.</p> <p>On 6/20/16 at 10:25 AM, E4(Assistant Director of Nursing/ADON), stated E12 was not a regular staff of R3's hall, but she was still expected to do her duties, work as a team, and to toilet R3 when R3 said she needed to go to the bathroom. E4 stated if E12 had toileted R3 then, the fall and injury could have been avoided. E4 stated when they found R3 on the floor, R3 was incontinent of bladder. E4 stated R3 was sent to the hospital immediately.</p> <p>R3's Hospital Radiology Result, dated 5/27/16, documents, "Left pelvis with hip: acute angulated and displaced and comminuted fracture, intertrochanteric location, proximal femur. R3's Hospital Consult Report dated 5/28/16 documents, "Open Reduction Internal Fixation (ORIF) of the left femur."</p> <p>The Facility Policy on Fall Risk Reduction, dated 7/2007, documents, "Purpose: To identify residents at risk for falls and implement interventions to reduce risks. Protocol: If a resident is assessed to be at moderate or high risk for falls, risk reduction interventions will be documented on the initial admission/re-admission plan of care and each subsequent care plan. Strategies for Fall Risk Reduction (in part): Toilet schedule."</p> <p>(A)</p>	S9999			

IMPOSED PLAN OF CORRECTION
NAME OF FACILITY: ST. PAUL'S HOME
TYPE OF SURVEY: COMPLAINT#1643197/IL86145
DATE OF SURVEY: June 20, 2016

300.610a)
300.1210b)
300.1210d)6
300.3240a)

Section 300.610 Resident Care Policies

a) The facility shall have written policies and procedures governing all services provided by the facility.

Section 300.1210 General Requirements for Nursing and Personal Care

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Section 300.3240 Abuse and Neglect

a) *An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)*

This will be accomplished by:

- I. The facility will implement effective individualized safety/fall prevention measures and appropriately assess and evaluate

Attachment B
Imposed Plan of Correction

effectiveness of all prevention measures, and follow the plan a care for all residents. Any significant changes will immediately be informed to the resident; consult with the resident's physician; and if known, notify the resident legal representative and family member when there is an accident involving the resident which has the potential for requiring physician intervention; a significant change in the resident condition (physical, mental, or psychosocial status – i.e., deterioration in health, mental, or psychosocial in either life threatening conditions or clinical complications); a need to alter treatment (i.e., need to discontinue an existing form of treatment, including safety/fall prevention measures due to adverse consequences, or to commence a new form of treatment); and.

- II. All nursing staff will be inserviced on the facility's policy for assessing and evaluating the effectiveness of fall prevention measures, and following a plan of care for all residents. Additionally, inservicing shall be conducted to ensure safety measures are implemented to prevent falls. This shall include, but is not limited to: safety alarms, frequent monitoring, environmental risks to prevent falls, and safe transfers per each residents' plan of care.
- III. The Director of Nursing (DON) and/or Clinical Nurse Leaders will audit documentation in the medical record for compliance for compliance weekly for six (6) weeks and then quarterly. Audits with negative outcomes will result in further education for staff involved and/or possible disciplinary action.
- IV. Documentation of in-service training will be maintained by the facility.
- V. The Administrator, Director of Nurses will monitor Items I through IV to ensure compliance with this Imposed Plan of Correction.

COMPLETION DATE: Ten (10) days from receipt of this Imposed Plan of Correction.